

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in

ORIGINAL

Date Stamp

JAN 31 2005

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Statement covers period
from 07/01/2004
through 12/31/2004

Date of election if applicable:
(Month, Day, Year)

n/a

REGISTRAR OF VOTERS
By *[Signature]* Deputy

Page 1 of 10
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
(Also Complete Part 5)

☐ General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee

☐ Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
93-0371

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

JIM SILVA FOR SUPERVISOR

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Connie Silva

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/28/2005
Date

Executed on 01/28/2005
Date

Executed on
Date

Executed on
Date

By *Connie Silva*
Signature of Treasurer or Assistant Treasurer

By *[Signature]*
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Silva

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Orange County Supervisor - 2nd District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Jim Silva for Assembly

I.D. NUMBER

1269291

NAME OF TREASURER

Connie Silva

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2004
through 12/31/2004

SUMMARY PAGE
CALIFORNIA FORM 460
Page 3 of 10
I.D. NUMBER
930371

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIM SILVA FOR SUPERVISOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>-0-</u>	\$ <u>7,800.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>-0-</u>	\$ <u>7,800.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>-0-</u>	\$ <u>7,800.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>112,148.62</u>	\$ <u>121,313.59</u>
7. Loans Made Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>112,148.62</u>	\$ <u>121,313.59</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>112,148.62</u>	\$ <u>121,313.59</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>138,123.60</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>-0-</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>25.00</u>
15. Cash Payments Column A, Line 8 above	\$ <u>112,148.62</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>25,999.98</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>-0-</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>-0-</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2004</u> through <u>12/31/2004</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>10</u>
I.D. NUMBER 930371		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIM SILVA FOR SUPERVISOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airline and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airline and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached pages <u>5</u> thru <u>8</u> for itemization of Sch E				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>111,092.11</u>
2. Unitemized payments made this period of under \$100	\$ <u>1,056.51</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-0-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>112,148.62</u>

Schedule E California FORM 460.....PAGE 5 OF 10
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 07/01/04 through 12/31/04
 Jim Silva for Supervisor - ID# 930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committee, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T [REDACTED] [REDACTED]	OFC		169.53
Visa [REDACTED] [REDACTED]	OFC	Vendors exceeding \$99.99 listed below:	779.33
Vendor: Staples #152.....\$147.92 [REDACTED] [REDACTED]	OFC		
Vendor: The Arches Restaurant.....\$111.50 [REDACTED] [REDACTED]	OFC		
Jane Willet [REDACTED] [REDACTED]	PRO		413.00
William Lyon Homes, Inc. [REDACTED] [REDACTED]	RFD	NOTE:rdvd/rptd 6/30/04 - exceed limit	1400.00
Huntington Harbour Republican Women, Federated [REDACTED] [REDACTED]	CVC		100.00
News Enterprise [REDACTED] [REDACTED]	PRT		238.00
Subtotal:			3,099.86

Schedule E California FORM 460.....PAGE 6 OF 10
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 07/01/04 through 12/31/04
 Jim Silva for Supervisor - ID# 930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committee, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Marathon [REDACTED] [REDACTED]	CVC		1000.00
Visa [REDACTED] [REDACTED]	OFC	Vendors exceeding \$99.99 listed below:	896.39
Vendor: Catch of the Day....\$124.88 [REDACTED] [REDACTED]	OFC		
Vendor: Super Mex Restaurant....\$129.39 [REDACTED] [REDACTED]			
Republican Party of Orange County - ID#742088 [REDACTED] [REDACTED]	CTB		150.00
Visa [REDACTED] [REDACTED]	OFC	No vendors exceeded \$99.99	669.49
Sees Candy - CEC #118 [REDACTED] [REDACTED]	OFC		300.00
Boys & Girls Club of Cypress [REDACTED] [REDACTED]	CVC		125.00

Subtotal: 3,140.88

Schedule E California FORM 460.....PAGE 7 OF 10
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 07/01/04 through 12/31/04
 Jim Silva for Supervisor - ID# 930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Visa [REDACTED] [REDACTED]		Vendors exceeding \$99.99 listed below:	845.62
Vendor: Nimi's Cafe....\$107.75 [REDACTED] [REDACTED]	OFC		
AT&T Wireless [REDACTED] [REDACTED]	OFC		115.28
Soroptimist of Huntington Beach [REDACTED] [REDACTED]	CVC		130.00
USPS [REDACTED] [REDACTED]	POS		144.30
Paris Kastanos [REDACTED] [REDACTED]	OFC		950.00
Visa [REDACTED] [REDACTED]		Vendor exceeding \$99.99 listed below:	718.09
Vendor: Honey Baked Ham #06.....\$450.00 [REDACTED] [REDACTED]	OFC		

Subtotal: 2,903.29

Schedule E California FORM 460.....PAGE 8 OF 10
PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 07/01/04 through 12/31/04
Jim Silva for Supervisor - ID# 930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committee, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jim Silva for Assembly - ID# 1269291 [REDACTED] [REDACTED]	TSF		88692.00
Jim Silva for Assembly - ID# 1269291 [REDACTED] [REDACTED]	TSF		12400.00
Visa [REDACTED] [REDACTED]	OFC	No subvendor exceeds \$99.99	606.08
Association of O.C. Deputy Sherrif's Memorial Fund CVC [REDACTED] [REDACTED]			250.00

Subtotal: 101,948.08

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE I

Statement covers period
 from 07/01/2004
 through 12/31/2004

CALIFORNIA
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

JIM SILVA FOR SUPERVISOR

I.D. NUMBER
 930371

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Increases to cash of \$100 or more this period.	\$	-0-
2. Unitemized increases to cash under \$100 this period.	\$	25.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	-0-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$	25.00
TOTAL	\$	

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period from <u>07/01/2004</u> through <u>12/31/2004</u>		SCHEDULED CALIFORNIA FORM 460 Page <u>10</u> of <u>10</u> I.D. NUMBER 930371
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIM SILVA FOR SUPERVISOR

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/26	Orange County Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		150.00	1300.00	n/a
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
				SUBTOTAL \$ 150.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 150.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 16.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 166.00